



AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

(ACH DEBITS)

I hereby authorize the City of Park City to initiate debit entries to my [] Checking [] Savings Account (select one) indicated below at the depository financial institution named below and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

FINANCIAL INSTITUTION NAME _____

ROUTING NO. _____ ACCOUNT NO. _____

FREQUENCY: Monthly on the 15th (unless the 15th falls on a Saturday, Sunday or Holiday then the next business day)

Please allow 30 to 60 days for this plan to work. Your billing statement will show *paid by draft*. Until you receive a bill marked *paid by draft* please continue to pay your bill as usual. Amount transferred will be equal to the balance due on the utility bill.

This authorization is to remain in full force and effect until the City of Park City has received written notification from me of its termination in such time and in such manner as to afford the City of Park City and the Financial Institute named above a reasonable opportunity to act on it. To terminate this agreement, a written notice must be given to the City of Park City at least thirty (30) days before the termination date.

I understand that the City of Park City may cancel my enrollment at any time and shall charge a fee for any unpaid charges in the event that an automatic payment is returned for any reason. I also understand that there will be a “zero tolerance” policy regarding returned items.

NAME _____ DATE _____
(PLEASE PRINT)

CONTACT PHONE NUMBER _____

SERVICE ADDRESS _____

SIGNATURE _____ ACCOUNT NO. _____

Please attach a voided check.

Entered _____

Pre-Note _____

Draft _____